

# SEEC FORM 20

Itemized Campaign Finance Disclosure Statement  
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
Revised January 2012



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## 1. NAME OF COMMITTEE

New Friends PAC

## 2. TREASURER NAME

First Christopher MI Last Fryxell Suffix

## 3. TREASURER ADDRESS

Street Address City State Zip Code  
1 Sagamore Terrace E Westbrook CT 06498

## 4. ELECTION/REFERENDUM DATE

(mm/dd/yyyy)

## 5. OFFICE SOUGHT (Complete only if Candidate Committee)

## 6. DISTRICT NUMBER

(if applicable)

## 7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

First MI Last Suffix

## 8. TYPE OF REPORT (Check One Box)

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> January 10 filing   | <input type="checkbox"/> 7th day preceding primary                                   | <input type="checkbox"/> 7th day preceding referendum | <input type="checkbox"/> Initial Contribution or Disbursement (PACs ONLY) |
| <input type="checkbox"/> April 10 filing   | <input type="checkbox"/> 30 days following primary                                   | <input type="checkbox"/> 45 days following referendum | <input type="checkbox"/> Amendment to                                     |
| <input type="checkbox"/> July 10 filing  | <input type="checkbox"/> 7th day preceding election                                  | <input type="checkbox"/> Deficit                      | Type of Report:   |
| <input checked="" type="checkbox"/> October 10 filing  | <input type="checkbox"/> 12th day preceding election (State Central Committees Only) | <input type="checkbox"/> Termination                  |   |
| <input type="checkbox"/> Independent Expenditure<br><input type="radio"/> Primary <input type="radio"/> Election | <input type="checkbox"/> 45 days following election not held in November             |   |   |

## 9. PERIOD COVERED

Beginning Date

Ending Date

7/1/14 thru 9/30/14

## 10. CERTIFICATION

I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.

TREASURER OR DEPUTY TREASURER (SIGNATURE)

PRINT NAME OF SIGNER

DATE (mm/dd/yyyy)

PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.

## SEEC FORM 20

Itemized Campaign Finance Disclosure Statement  
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
 Revised January 2012

## SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT	
New Friends PAC	10/10/14	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January-1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		\$7,011.08
12. Balance on hand at the beginning of Reporting Period	\$13,537.66	
13. Contributions Received from Individuals (Sections A and B)	\$3,100	\$7,200
14. Receipts from Other Committees (Sections C1 and C2)	0	6,400
15. Other Monetary Receipts (Sections D through K)	0	0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2 removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3) <i>Municipal and Town Committees ONLY</i>	0	\$3,050
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$3,100	\$16,650
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$16,637.66	\$23,661.08
19. Expenses Paid by Committee (Section P)	\$4,252.66	\$11,276.08
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$12,385	\$12,385
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0
22. In-Kind Contributions Received (Section M)	0	0
23. Refundable Deposit to Telephone Company (Section N)	0	0
24. Receipts of Organization Expenditures (Section O) <i>OPTIONAL</i>	0	0
25. Beginning Loan Balance	0	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	0	0
25c. - Payments on Loan	0	0
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	0	0
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

## I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE				TYPE OF REPORT	
New Friends PAC				10/10/14	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A \$ 2	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Rand - Anastasiades		Carrie			
Residential Street Address		City		State	Zip Code
15 Westmont Road		Watersfield		CT	06109
Principal Occupation		Name of Employer			
Lobbyist		None Associates			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		<input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		8/15/14		\$100	
Last Name		First		MI	
Thomas C		Foley			
Residential Street Address		City		State	Zip Code
62 Khakum Wood Rd		Greenwich		CT	06831
Principal Occupation		Name of Employer			
Business Executive		HTC Group			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/19/14		\$1,000	
Last Name		First		MI	
McMahon		Linda		E	
Residential Street Address		City		State	Zip Code
14 Hurlingham Drive		Greenwich		CT	06831
Principal Occupation		Name of Employer			
Executive		Self-Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/19/14		\$2,000	
SUBTOTAL Section B — This Page				\$3,100	
TOTAL of additional Section B Pages				2	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)				\$3,100	

**I. MONETARY RECEIPTS (Sections A—K)**

NAME OF COMMITTEE						TYPE OF REPORT	
<b>C1. Contributions from Other Committees</b>							
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> _____			<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Amount of Contribution</b>	
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> _____			<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Amount of Contribution</b>	
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> _____			<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Amount of Contribution</b>	
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> _____			<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Amount of Contribution</b>	
City	State	Zip Code	Date Received	Aggregate Contributions			
<b>C2. Reimbursements, Payments, or Surplus Distributions from other Committees</b>							
Name of Committee				Name of Treasurer			
Address			Date Received		<b>Amount of Receipt</b>		
City	State	Zip Code	<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Payment for goods and services <input type="checkbox"/> Surplus Distribution				
Name of Committee				Name of Treasurer			
Address			Date Received		<b>Amount of Receipt</b>		
City	State	Zip Code	<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Payment for goods and services <input type="checkbox"/> Surplus Distribution				
<b>SUBTOTAL Section C — This Page</b>							
<b>TOTAL of additional Section C Pages</b>							
<b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS</b> (Sections C1 + C2) (Enter total on Line 14 of Summary Page Totals)							

## I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE				TYPE OF REPORT	
<b>D. Loans Received this Period</b>					
Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		Date of Receipt	
Street Address		City		State	Zip Code
Name of Cosigner/Guarantor (if applicable)				Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City		State	Zip Code
Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		Date of Receipt	
Street Address		City		State	Zip Code
Name of Cosigner/Guarantor (if applicable)				Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City		State	Zip Code
Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		Date of Receipt	
Street Address		City		State	Zip Code
Name of Cosigner/Guarantor (if applicable)				Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City		State	Zip Code
<b>TOTAL SECTION D</b>					
<b>E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)</b>					
Name of Entity					
Street Address		Date Received		Amount Received	
City		State	Zip Code	Aggregate Contributions	
Name of Entity					
Street Address		Date Received		Amount Received	
City		State	Zip Code	Aggregate Contributions	
Name of Entity					
Street Address		Date Received		Amount Received	
City		State	Zip Code	Aggregate Contributions	
<b>TOTAL SECTION E</b>					

**I. MONETARY RECEIPTS (Sections A—K)**

NAME OF COMMITTEE		TYPE OF REPORT
<b>F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)</b>		
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i>	Amount
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i>	Amount
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i>	Amount
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i>	Amount
<b>TOTAL SECTION F</b>		
<b>G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)</b>		
Date of Receipt	Date of Receipt	Date of Receipt
Amount	Amount	Amount
<b>TOTAL SECTION G</b>		
<b>H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)</b>		
Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
<b>TOTAL SECTION H</b>		
<b>I. Anonymous Contributions</b>		
<p>Per Public Act 11-48, Anonymous Contributions may no longer be deposited in <i>any</i> amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.</p>		

**I. MONETARY RECEIPTS (Sections A—K)**

NAME OF COMMITTEE				TYPE OF REPORT	
<b>J. Interest from Deposits in Authorized Accounts</b>					
Name of Institution			Date Received		Amount
Street Address		City	State	Zip Code	
Name of Institution			Date Received		Amount
Street Address		City	State	Zip Code	
<b>TOTAL SECTION J</b>					
<b>K. Miscellaneous Monetary Receipts not Considered Contributions</b>					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
<b>TOTAL SECTION K</b>					
<b>SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)</b>					
Total Loans Received this Period (Section D)					
Total Receipts from Entities other than Individuals or Other Committees (Section E)					+
Total Amount Transferred from Affiliated Business Treasury (Section F)					+
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)					+
Total Amount of Personal Funds of the Candidate Received this Period (Section H)					+
Total Amount of Interest from Deposits in Authorized Accounts (Section J)					+
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)					+
Total of Other Monetary Receipts (Add Sections D through K) (Enter total on Line 15 of Summary Page Totals)					

## II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTEE		TYPE OF REPORT	
<b>L1. Fundraiser Event Information</b>			
<b>Fundraising Event #</b> Date of Fundraiser      Letter		Description	
Location: Street Address		City	State      Zip Code
<b>Subpart 1: (All Committees)</b>			
Was this fundraising event hosted at a personal residence?		<input type="checkbox"/> Yes (If yes, go to Section L4 <b>In-Kind Donations not Considered Contributions</b> and complete required information for purchases made by host(s) for food, beverage and invitations.) <input type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, go to Section L4 <b>In-Kind Donations not Considered Contributions</b> and complete required information.) <input type="checkbox"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter <b>Total Receipts</b> here.) <span style="float: right;">→ \$ <input style="width: 100px;" type="text"/></span> <input type="checkbox"/> No	
<b>Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)</b>			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="checkbox"/> Yes (If yes, go to Section L3 <b>Purchases of Advertising Space in a Program Book or on a Sign</b> and complete required information.) <input type="checkbox"/> No	
<b>Subpart 3: (Town Committees ONLY)</b>			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="checkbox"/> Yes (If yes, enter <b>Total Receipts</b> here.) <span style="float: right;">→ \$ <input style="width: 100px;" type="text"/></span> <input type="checkbox"/> No	
<b>Fundraising Event #</b> Date of Fundraiser      Letter		Description	
Location: Street Address		City	State      Zip Code
<b>Subpart 1: (All Committees)</b>			
Was this fundraising event hosted at a personal residence?		<input type="checkbox"/> Yes (If yes, go to Section L4 <b>In-Kind Donations not Considered Contributions</b> and complete required information for purchases made by host(s) for food, beverage and invitations.) <input type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, go to Section L4 <b>In-Kind Donations not Considered Contributions</b> and complete required information.) <input type="checkbox"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter <b>Total Receipts</b> here.) <span style="float: right;">→ \$ <input style="width: 100px;" type="text"/></span> <input type="checkbox"/> No	
<b>Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)</b>			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="checkbox"/> Yes (If yes, go to Section L3 <b>Purchases of Advertising Space in a Program Book or on a Sign</b> and complete required information.) <input type="checkbox"/> No	
<b>Subpart 3: (Town Committees ONLY)</b>			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="checkbox"/> Yes (If yes, enter <b>Total Receipts</b> here.) <span style="float: right;">→ \$ <input style="width: 100px;" type="text"/></span> <input type="checkbox"/> No	
<b>SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page</b>			
<b>SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page</b>			
<b>TOTAL of additional Section L1 Pages</b>			
<b>TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a of Summary Page Totals)</b>			



**II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)**

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

NAME OF COMMITTEE					TYPE OF REPORT	
<b>L3. Purchases of Advertising in a Program Book or on a Sign (Municipal Candidate and Town Committees ONLY)</b>						
Name of Purchaser					Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	
Street Address			City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase		
Name of Purchaser					Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	
Street Address			City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase		
Name of Purchaser					Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	
Street Address			City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase		
Name of Purchaser					Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	
Street Address			City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase		
Name of Purchaser					Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	
Street Address			City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase		
Name of Purchaser					Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	
Street Address			City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase		
<b>SUBTOTAL Section L3 (Municipal Candidate and Town Committees ONLY)</b>						
<b>Total Purchases of Advertising in Program Book — This Page</b>						
<b>SUBTOTAL Section L3 (Town Committees ONLY)</b>						
<b>Total Purchases of Advertising on a Sign — This Page</b>						
<b>TOTAL of additional Section L3 Pages</b>						
<b>TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN</b>						
<i>(Enter total on Line 16c of Summary Page Totals)</i>						

## II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTEE				TYPE OF REPORT	
<b>L4. In-Kind Donations Not Considered Contributions</b>					
Name of Donor					
Street Address			City		State      Zip Code
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation			Fair Market Value of Donation	
Date Received	Event #		Aggregate Value for this Event		
Name of Donor					
Street Address			City		State      Zip Code
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation			Fair Market Value of Donation	
Date Received	Event #		Aggregate Value for this Event		
Name of Donor					
Street Address			City		State      Zip Code
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation			Fair Market Value of Donation	
Date Received	Event #		Aggregate Value for this Event		
Name of Donor					
Street Address			City		State      Zip Code
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation			Fair Market Value of Donation	
Date Received	Event #		Aggregate value for this Event		
SUBTOTAL Section L4 — This Page					
TOTAL of additional Section L4 Pages					
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 21 of Summary Page Totals)					

## III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE				TYPE OF REPORT	
<b>M. In-Kind Contributions</b>					
Name					
Street Address		City		State	Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No			Fair Market Value of this Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name					
Street Address		City		State	Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No			Fair Market Value of this Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name					
Street Address		City		State	Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No			Fair Market Value of this Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>SUBTOTAL Section M — This Page</b>					
<b>TOTAL of additional Section M Pages</b>					
<b>TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 22 of Summary Page Totals)</b>					
<b>N. Refundable Deposit to Telephone Company</b>					
Last Name of Individual		First	MI	Date Deposit Made	
Residential Street Address		City	State	Zip Code	Amount of Deposit
Name of Telephone Company					
Street Address		City	State	Zip Code	
<b>TOTAL SECTION N (Enter total on Line 23 of Summary Page Totals)</b>					

## III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE				TYPE OF REPORT	
<b>O. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus and Party Committees — <u>OPTIONAL</u> See Public Act 11-48</b>					
Name of Committee ( <i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i> )			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation		Purpose of Expenditure ( <i>see instructions</i> ) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Committee ( <i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i> )			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation		Purpose of Expenditure ( <i>see instructions</i> ) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Committee ( <i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i> )			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation		Purpose of Expenditure ( <i>see instructions</i> ) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Committee ( <i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i> )			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation		Purpose of Expenditure ( <i>see instructions</i> ) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Committee ( <i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i> )			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation		Purpose of Expenditure ( <i>see instructions</i> ) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Committee ( <i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i> )			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation		Purpose of Expenditure ( <i>see instructions</i> ) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
SUBTOTAL Section O — This Page					
TOTAL of additional Section O Pages					
TOTAL RECEIPTS OF ALL ORGANIZATION EXPENDITURES (Enter total on Line 24 of Summary Page Totals)					

## IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE				TYPE OF REPORT	
New Friends PAC				10/10/14	
P. Expenses Paid by Committee					
Name of Payee Christopher Fryxell			Date of Payment 8/1/14		Method of Payment: <input checked="" type="checkbox"/> Check # 1319 <input type="checkbox"/> Debit Card
Street Address 1 Sagamore Terrace East		City Westbrook		State CT	Zip Code 06498
Purpose of Expenditure (by code) RCW	Description Various Reimbursements	Event # —		Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <input checked="" type="checkbox"/> Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				\$303.44
Name of Payee Shipman and Goodwin LLP			Date of Payment 8/16		Method of Payment: <input checked="" type="checkbox"/> Check # 1320 <input type="checkbox"/> Debit Card
Street Address One Constitution Plaza		City Hartford		State CT	Zip Code 06106
Purpose of Expenditure (by code) Misc	Description Legal Fees for May and June	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <input checked="" type="checkbox"/> Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				\$2,119
Name of Payee Christopher Fryxell			Date of Payment 9/11/14		Method of Payment: <input checked="" type="checkbox"/> Check # 1323 <input type="checkbox"/> Debit Card
Street Address 1 Sagamore Terrace East		City Westbrook		State CT	Zip Code 06498
Purpose of Expenditure (by code) RCW	Description Reimbursement for CVS and Post office	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <input checked="" type="checkbox"/> Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				\$37.80
Name of Payee Christopher Fryxell			Date of Payment 9/14/14		Method of Payment: <input checked="" type="checkbox"/> Check # 1324 <input type="checkbox"/> Debit Card
Street Address 1 Sagamore Terrace East		City Westbrook		State CT	Zip Code 06498
Purpose of Expenditure (by code) RCW	Description Reimbursement for WalMart + CVS	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <input checked="" type="checkbox"/> Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				\$47.93
SUBTOTAL Section P — This Page					\$2,508.17
TOTAL of additional Section P Pages					\$1,744.49
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals)					\$4,252.66

NAME OF COMMITTEE						TYPE OF REPORT	
<b>Q. Campaign Expenses Paid by Candidate</b>							
Name of Payee ( <i>Name of Vendor who candidate paid directly</i> )					Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)		Description			Event #		Amount
Name of Payee ( <i>Name of Vendor who candidate paid directly</i> )					Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)		Description			Event #		Amount
Name of Payee ( <i>Name of Vendor who candidate paid directly</i> )					Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)		Description			Event #		Amount
Name of Payee ( <i>Name of Vendor who candidate paid directly</i> )					Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)		Description			Event #		Amount
Name of Payee ( <i>Name of Vendor who candidate paid directly</i> )					Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)		Description			Event #		Amount
Name of Payee ( <i>Name of Vendor who candidate paid directly</i> )					Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)		Description			Event #		Amount
<b>SUBTOTAL Section Q — This Page</b>							
<b>TOTAL of additional Section Q Pages</b>							
<b>TOTAL OF ALL EXPENSES PAID BY CANDIDATE</b> ( <i>Enter total on Line 26 of Summary Page Totals</i> )							

## IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE				TYPE OF REPORT	
<b>R. Expenses Incurred on Committee Credit Card</b>					
Name of Issuing Institution			Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other:		
Name of Vendor				Date of Transaction	
Street Address			City		State    Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum R Required</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Vendor				Date of Transaction	
Street Address			City		State    Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum R Required</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Vendor				Date of Transaction	
Street Address			City		State    Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum R Required</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Vendor				Date of Transaction	
Street Address			City		State    Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum R Required</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Vendor				Date of Transaction	
Street Address			City		State    Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum R Required</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
<b>SUBTOTAL Section R — This Page</b>					
<b>TOTAL of additional Section R Pages</b>					
<b>TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD</b> (Enter total on Line 27 of Summary Page Totals)					

## IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE				TYPE OF REPORT	
<b>S. Expenses Incurred by Committee but Not Paid During this Period</b>					
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount Incurred</b> (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum S Required</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount Incurred</b> (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum S Required</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount Incurred</b> (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum S Required</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount Incurred</b> (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum S Required</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount Incurred</b> (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum S Required</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
<b>SUBTOTAL Section S-This Page</b>					
<b>TOTAL of additional Section S Pages</b>					
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID</b> (Enter total on Line 28 of Summary Page Totals)					
<b>Previously reported Expenses Unpaid and still Outstanding</b>					
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID</b> (Enter total on Line 28a of Summary Page Totals)					



IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE				TYPE OF REPORT	
New Friends PXC				10/10/14	
<b>T. Itemization of Reimbursements to Committee Workers and Consultants</b>					
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment:
Fryxell		Christopher		8/1/14	<input checked="" type="checkbox"/> Check # 1319 <input type="checkbox"/> Debit Card
Secondary Payee					
Post Office					
Street Address			City	State	Zip Code
Weston Street			Hartford	CT	06106
Purpose of Expenditure (by code)	Description	Event #		Amount	
POST	Cost of mailing documents	—			
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum T Required</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E				\$33.66
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment:
Fryxell		Christopher		8/1/14	<input checked="" type="checkbox"/> Check # 1319 <input type="checkbox"/> Debit Card
Secondary Payee					
Post Office					
Street Address			City	State	Zip Code
Weston Street			Hartford	CT	06106
Purpose of Expenditure (by code)	Description	Event #		Amount	
POST	Cost of mailing documents	—			
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum T Required</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E				\$8.54
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment:
Fryxell		Christopher		8/1/14	<input checked="" type="checkbox"/> Check # 1319 <input type="checkbox"/> Debit Card
Secondary Payee					
Stop and Shop					
Street Address			City	State	Zip Code
105 Elm Street			Old Saybrook	CT	06475
Purpose of Expenditure (by code)	Description	Event #		Amount	
FOOD	Food and beverage for staff.	—			
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum T Required</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E				\$87.45
<b>SUBTOTAL Section T — This Page</b>				\$129.65	
<b>TOTAL of additional Section T Pages</b>				\$386.01	
<b>TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS</b>				\$515.66	

Section P. ADDITIONAL PAGE 18 of 21

NAME OF COMMITTEE				TYPE OF REPORT	
New Friends PAC				10/10/14	
P. Expenses Paid by Committee					
Name of Payee Christopher Fryxell			Date of Payment 9/19/14		Method of Payment: <input checked="" type="checkbox"/> Check # 1325 <input type="checkbox"/> Debit Card
Street Address 1 Sagamore Terrace East		City Westbrook		State CT	Zip Code 06498
Purpose of Expenditure (by code) RCW	Description Reimbursement for food and beverage	Event # —		Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				\$126.49
Name of Payee Shipman and Goodwin LLP			Date of Payment 9/20/14		Method of Payment: <input checked="" type="checkbox"/> Check # 1326 <input type="checkbox"/> Debit Card
Street Address One Constitution Plaza		City Hartford		State CT	Zip Code 06106
Purpose of Expenditure (by code) Misc.	Description Legal Fees for July	Event # —		Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				\$118
Name of Payee Casey Watkins			Date of Payment 9/29/14		Method of Payment: <input checked="" type="checkbox"/> Check # 1327 <input type="checkbox"/> Debit Card
Street Address		City		State	Zip Code
Purpose of Expenditure (by code) WAGE	Description Volunteer Coordinator Wage	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				\$1,500
Name of Payee			Date of Payment		Method of Payment: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page					\$1,744.49

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NAME OF COMMITTEE				TYPE OF REPORT	
New Friends PAC				10/10/14	
<b>T. Itemization of Reimbursements to Committee Workers and Consultants</b>					
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment:
Fryxell		Christopher		8/1/14	<input checked="" type="checkbox"/> Check # 1319 <input type="checkbox"/> Debit Card
Secondary Payee					
CVS					
Street Address		City		State	Zip Code
150 Washington St.		Hartford		CT	06106
Purpose of Expenditure (by code)	Description		Event #		Amount
FOOD	Ice for volunteers/Office Supplies				
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum T Required</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				\$24.42
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment:
Fryxell		Christopher		8/1/14	<input checked="" type="checkbox"/> Check # 1319 <input type="checkbox"/> Debit Card
Secondary Payee					
J Restaurant					
Street Address		City		State	Zip Code
297 Washington Street		Hartford		CT	06106
Purpose of Expenditure (by code)	Description		Event #		Amount
FOOD	Food for Volunteers				
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum T Required</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				\$80.29
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment:
Fryxell		Christopher		8/1/14	<input checked="" type="checkbox"/> Check # 1319 <input type="checkbox"/> Debit Card
Secondary Payee					
Maple Ave Discount Liquor					
Street Address		City		State	Zip Code
871 Maple Ave		Hartford		CT	06114
Purpose of Expenditure (by code)	Description		Event #		Amount
FOOD	Food and Beverage for Volunteers-				
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum T Required</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				\$69.08
SUBTOTAL Section T — This Page					\$173.79

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Section T. ADDITIONAL PAGE 20 of 20

NAME OF COMMITTEE New Friends PAC				TYPE OF REPORT 10/10/14	
T. Itemization of Reimbursements to Committee Workers and Consultants					
Last Name of Worker/Consultant Fryxell		First Christopher		MI	Date of Payment 9/11/14
Secondary Payee CVS				Method of Payment: <input checked="" type="checkbox"/> Check # 1323 <input type="checkbox"/> Debit Card	
Street Address 150 Washington St.		City Hartford		State CT	Zip Code 06106
Purpose of Expenditure (by code) FOOD	Description Snacks for Volunteers		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum T Required</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				\$26.54
Last Name of Worker/Consultant Fryxell		First Christopher		MI	Date of Payment 9/11/14
Secondary Payee Post Office - Rocky Hill				Method of Payment: <input checked="" type="checkbox"/> Check # 1323 <input type="checkbox"/> Debit Card	
Street Address 32 Church St.		City Rocky Hill		State CT	Zip Code 06067
Purpose of Expenditure (by code) POST	Description Cost to mail documents		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum T Required</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				\$11.26
Last Name of Worker/Consultant Fryxell		First Christopher		MI	Date of Payment 9/14/14
Secondary Payee Walmart				Method of Payment: <input checked="" type="checkbox"/> Check # 1324 <input type="checkbox"/> Debit Card	
Street Address 80 Town Line Rd		City Rocky Hill		State CT	Zip Code 06067
Purpose of Expenditure (by code) OFFICE	Description Office Supplies		Event # —		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum T Required</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				\$21.14
SUBTOTAL Section T — This Page					\$58.94

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NAME OF COMMITTEE				TYPE OF REPORT	
<b>T. Itemization of Reimbursements to Committee Workers and Consultants</b>					
Last Name of Worker/Consultant <b>Fryxell</b>		First <b>Christopher</b>	MI	Date of Payment <b>9/14/14</b>	Method of Payment: <input checked="" type="checkbox"/> Check # <b>1324</b> <input type="checkbox"/> Debit Card
Secondary Payee <b>CVS</b>					
Street Address <b>150 Washington St.</b>			City <b>Hartford</b>		State <b>CT</b> Zip Code <b>06106</b>
Purpose of Expenditure (by code) <b>FOOD</b>	Description <b>Food and Beverage for Volunteers</b>			Event #	Amount  <b>\$26.79</b>
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum T Required</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant <b>Fryxell</b>		First <b>Christopher</b>	MI	Date of Payment <b>9/19/14</b>	Method of Payment: <input checked="" type="checkbox"/> Check # <b>1325</b> <input type="checkbox"/> Debit Card
Secondary Payee <b>Crazy Bruce's</b>					
Street Address <b>176 Newington Road</b>			City <b>West Hartford</b>		State <b>CT</b> Zip Code <b>06110</b>
Purpose of Expenditure (by code) <b>FOOD</b>	Description <b>Food and beverage for volunteers</b>			Event #	Amount  <b>\$126.49</b>
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum T Required</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card
Secondary Payee					
Street Address			City		State      Zip Code
Purpose of Expenditure (by code)	Description			Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum T Required</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section T — This Page</b>				<b>\$153.28</b>	